



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/30/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NYR000116574
INSTALLATION NAME	NYSDOT BRIDGE MAINTENANCE SHOP
INSTALLATION ADDRESS	11 8TH ST - PO BOX 596 WATERFORD, NY 12188
MAILING ADDRESS	30-B POST RD - PO BOX 16372 COLONIE, NY 12212

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: NYSDOT BRIDGE MAINTENANCE SHOP
or Current Occupant
ATTN: DAVID SCHWARTZ
30-B POST RD - PO BOX 16372
COLONIE, NY, 12212**

(New #)

OMB#: 2050-0175 Expires 12/31/2003

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		ENVIRONMENTAL PROTECTION AGENCY, REGION II 2003 JUN 26 PM 11:54 RCRA PROGRAMS BRANCH
1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: _____ NYR 000 110574 (Initial Notification)		
3. Site Name (See instructions on page 24)	Name: NYSDOT - BRIDGE MAINTENANCE SHOP; WATERFORD		
4. Site Location Information (See instructions on page 24)	Street Address: NYSDOT BRIDGE SHOP 11 8th. St. PO BOX 596		
	City, Town, or Village: WATERFORD	State: NY	
	County Name: SARATOGA	Zip Code: 12188	
5. Site Land Type (See instructions on page 24)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. 48849	B.	
	C.	D.	
7. Site Mailing Address (See instructions on page 25)	Street or P. O. Box: PO BOX 16372 30-B POST ROAD		
	City, Town, or Village: COLONIE		
	State: NEW YORK		
	Country: USA	Zip Code: 12212	
8. Site Contact Person (See instructions on page 25)	First Name: DAVID	MI:	Last Name: SCHWARTZ
	Phone Number: 518-452-5527		Phone Number Extension:
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: NYSDOT		Date Became Owner (mm/dd/yyyy): older than 1976
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator: See Note under item #12		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID No.

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**
(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated].**
Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
D007						
D008						

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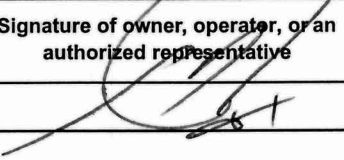
EPA ID No.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 31)

Note: A permitted Hazardous Waste Handler will be hired to manage the facility waste materials

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mauricio Roma, Envr. Specialist	06/25/2003

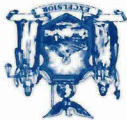
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Harrie Rous

Thank you for your prompt assistance.
We are expecting the contractor to remove
the waste materials, probably this Friday.

Dear Ms Hoyt,

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MEMORANDUM
DEPARTMENT OF TRANSPORTATION